PRINTED: 10/14/2008 ! FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER M T S SIMMARY STATEMENT OF DEFICIENCES TAG PREFIX TAG INTIAL COMMENTS A recertification survey was conducted from september 30, 2008, through October 2, 2008, utilizing the fundamental survey process. A random comple of three clients was selected from survey indings were besided on observations in the group home and at three day programs, interviews, and a review of records, including unusual incident reports. W 104 This STANDARD is not met as evidenced by: Based on observation, interviews, and a review of records, the facility as evidenced by the facility participate in the facility consistently participated on the Human Rights Committee forums. MTS has identified community and other outside representatives but they did not attend the meeting reviewed by the surveyor. Golg forward MTS will insure that these individuals attend by insuring that therefore the meeting trevewed by the surveyor. Golg forward MTS will insure that the Human Rights Committee (REC). ISsee W2011 and the contraction and the cutside parties. 10-30-08. The facility must ensure the rights of all clients. Therefore the facility must inform each client.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MIU A. BUIU	LTIPLE CONSTRUCTION CHAG		OX3) DATE SURVEY COMPLETED	
M TS SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY MUST SEP PRECEDED BY FULL REGULATORY ON LISC DESTRICTION BY COLUMBIA SEPARATION OF DEFICIENCY STATE AND COMPLETENCY STATE APPROPRIATE SEPTICIES OF THE APPROPRIATE			09G098	B. WING	ì <u></u>	10/0	2/2008	
W 000 INITIAL COMMENTS A recertification survey was conducted from September 30, 2008, through October 2, 2008, utilizing the fundamental survey process. A random sample of three clients was selected from a residential population of five females with mental relardation and varying disabilities. The survey findings where based on observations in the group home and at three day programs, interviews, and a review of records, including unusual incident reports. 483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, interviews, and the review of records, the facility consistently participated to provide general operating directions over the facility as evidenced by the following: The findings include: 1. The Governing Body failed to ensure that persons with no ownership or controlling interest in the facility consistently participated on the Human Rights Committee (HRC). [See W281] 2. The Governing Body failed to ensure that the HRC reviewed, approved and/or monitored the use of door alarms [See W281] 483.420(a)(12) PROTECTION OF CLIENTS The facility must ensure the rights of all clients. The rectors the facility must inform each client,		ROVIDER OR SUPPLIER			927 55TH STREET, NE	927 55TH STREET, NE		
A recertification survey was conducted from September 30, 2008, through October 2, 2008, utilizing the fundamental survey process. A random sample of three clientis was selected from a residential population of five females with mental retardation and varying disabilities. The survey findings were based on observations in the group home and at three day programs, interviews, and a review of records, including unusual incident reports. W 104 483.410a(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observation, interviews, and the review of records, the facility's governing body failed to provide general operating directions over the facility as evidenced by the following: The findings include: 1. The Governing Body failed to ensure that persons with no ownership or controlling interest in the facility consistently participate to community and other outside representatives but they did not attend the meeting reviewed by the surveyor. Going forward MTS will insure that these individuals attend by insuring that they have timely notification, that confirmation calls are made no more than 48 hours before the meeting date and by insuring that they have timely notification, that confirmation calls are made no more than 48 hours before the meeting date and by insuring that meeting times are optimal for the outside parties10-30-08. W 124 W 124 W 125 The governing body failed to ensure that the HRC reviewed, approved and/or monitored the use of door alarms. [See W264] W 126 The governing body will insure that the Human Rights Committee reviews the door slarm issue in its next meeting for the individuals supported at 55° Strect. 10-30-08.	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFD	((EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	N SHOULD BE EAPPROPRIATE	COMPLETION	
W 124 W 125 W 126 W 126 W 127 W 127 W 127 W 128 W 128 W 129		A recertification sur September 30, 200 utilizing the fundam random sample of a residential popula mental retardation survey findings wer group home and at interviews, and a re unusual incident re 483.410(a)(1) GOV The governing bod budget, and operat This STANDARD in Based on observat of records, the facil provide general operation of the findings included 1. The Governing persons with no ow in the facility consist Human Rights Con	vey was conducted from 8, through October 2, 2008, lental survey process. A three clients was selected from ition of five females with and varying disabilities. The is based on observations in the three day programs, eview of records, including ports. ERNING BODY I must exercise general policy, ing direction over the facility. Is not met as evidenced by: on, interviews, and the review lity's governing body failed to erating directions over the d by the following: Body failed to ensure that mership or controlling interest tently participated on the imittee (HRC). [See W261]		GOVERNMENT OF THE DISTRICT DEPARTMENT OF HEALTH REGULATION ADDRESS NORTH CAPITOL ST., NOWASHINGTON, D.C. The governing body of MTS. that persons with no owner controlling interest in the far participate in the Human Riging Committee forums. MTS has community and other outside representatives but they did attend the meeting reviewe surveyor. Going forward MT insure that these individuals insuring that they have time notification, that confirmation are made no more than 48 insuring that meeting date and insuring that meeting date and insuring that meeting times	CT OF COLUMBIA EALTH WINISTRATION .E., 2ND FLOOR . 20002 will insure ship or cility this Identified le not d by the S will sattend by ton calls nours I by are		
Therefore the facility must inform each client, at 55th Street_10-30-08.	W 124	HRC reviewed, app use of door alarms 483.420(a)(2) PRO RIGHTS	roved and/or monitored the [See W264] TECTION OF CLIENTS	_ W 1:	The governing body will instable the Human Rights Committee the door alarm issue in its n	ee reviews ext		
		Therefore the facilit	y must inform each client,	<u> </u>		supported		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that Any deliciency statement ending with an asteries () delicites a delicitery which the instantion may be excused from confeculty providing it is described unstructions.) Except for nursing homes, the findings stated above are discloseble 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FACIRY ID: 09G058

PRINTED: 10/14/20 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVE CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-03</u> (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 09G098 10/02/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 927 55TH STREET, NE MTS WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETA (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DÉFICIENCY) W 124 W 124 Continued From page 1 parent (if the client is a minor), or legal guardian. of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the rights of each client and/or their legal guardian to be informed of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment, for two of three clients included in the sample. (Client #1 and #2) The findings include: Review of Client #1's medical record on October 1, 2008 at 3:34 PM revealed the following written physician's orders: a. On September 16, 2008, Client #1 was administered Ativan 2 mg by mouth one hour prior to her Audiological appointment. Interview with the facility's Nursing Coordinator (NC) confirmed that the sedation was given on September 16, 2008, b. On August 4, 2008, Client #1 was administered Ativan 2 mg by mouth one hour

given on Auguist 4, 2008.

prior to her ENT appointment. Interview with the facility's NC confirmed that the sedation was

c. On June 26, 2008, Client #1 was administered Ativan 2 mg by mouth one hour prior to an ultrasound appointment. Interview with the facility's NC confirmed that the sedation was

		AND HUMAN SERVICES					0938-0391
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STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL		LE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G098	B. WIN	3		10/02	2/2008
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MTS		i !			7 65TH STREET, NE ASHINGTON, DC 20019		
···································	THE PART OF THE PA	PEACHT OF DESIGNATES	<u> </u>	1	PROVIDER'S PLAN OF CORRECT	rion	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI) TAG	<	(EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 124	Continued From pa	ge 2	W 1	24			
	given on June 26, 2	008.				-	
	administered Ativar	8, 2007, Client #1 was 1 1 mg by mouth x 3 doses d Echo appointments.					
٧	Interview with the fa sedation was given	acility's NC confirmed that the on December 18, 2007.	-	•			
	Professional (QMR Psychological Asse	ualified Mental Retardation P) and review of Client #1's ssment dated April 1, 2008 at approximately 3:40 PM	•				
	revealed Client #1 independent decisi	was not able to make ons and/or give consent for the			<i>↓</i>		
	QMRP revealed the guardian to assist I Further interview w	and habilitation services. The e Client #1 had a legal er in decision making. The the CMRP revealed					
		ad not been obtained from the an for the aforementioned	,	-			
	administration on S revealed Client #1 mouth. Interview w during the medication client's maladaptive client's current phy 2008 revealed that were incorporated (BSP) dated Janua behaviors associate hand flapping, wave	he evening medication eptember 30, 2008 at 6:50 PM received Risperdal 1 mg by received Risperdal 1 mg by rith the Nursing Coordinator on administration, revealed was used to address the behaviors. Review of the sicians orders on September the psychotropic medications in a Behavior Support Plan ry 2, 2008, that addressed ad with stereotyped (persistent ing with loud vocalizations at y before meals or when		-			

PRINTED: 10/14/2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		09G098	8. WING		10/0:	2/2008	
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE 927 56TH STREET, NE WASHINGTON, DC 20019			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X9) COMPLETION DATE	
W 124	Interview with the fa Retardation Profess 30, 2008 at approxi Client #2 was not a treatment and did n guardian and/or inv Review of Client #2 dated January 2, 20 approximately 1:47 was not able to mai concerning her resi placement, treatme There was no docu facility informed Clie representative of th treatment associate psychotropic medic BSP. Additionally, evidence that substobtained from a leg	ge 3 cility's Qualified Mental conal (QMRP) on September mately 8:45 AM revealed that the to provide consent for ot have a court appointment dived family members. B Psychological Assessment D8 on October 1, 2008 at PM revealed that the client the independent decisions dential or day program at plan, or financial affairs. Thented evidence that the ent #2 or a legally-authorized the health benefits and risks of the with the use of his ations and corresponding the facility failed to provide ituted consent had been ally recognized individual or	W 12	The QMRP and RN did inform he guardian of the need to secate routinely complete medical apposuccessfully. The guardian agreesigned consent was not obtained guardian was not informed case QMRP and RN will follow up with to insure that consent is obtained each appointment10-30-08. In addition, the Executive Direct modified the QMRP monthly report that CMRPs are now required the status of any/all consent is:	client #1 to cointments ed, however, d and the chy-case. The the guardial ed prior to cor has porting form ed to report on	n	
W 125	RIGHTS The facility must en Therefore, the facili individual clients to of the facility, and a including the right to due process. This STANDARD is Based on observati review, the facility fa and/or ensure each exercise their rights	sure the rights of all clients. ty must allow and encourage exercise their rights as clients is citizens of the United States, file complaints, and the right on, interview, and record alled to maintain client's rights client was encouraged to for three of five clients y. (Clients #1, #3, and #4)	W 12	5			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLÉTED	
		09G098	09G098 8. WING			10/02/2008		
NAME OF P	ROVIDER OR SUPPLIER			92	EET ADDRESS, CITY, STATE, ZIP CODE 27 55TH STREET, NE (ASHINGTON, DC 20019	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 125	The finding include During the environe 2008 at approxima and #4 were obser the exit/entrance d bedrooms. Interview with the I that the alarms we address Client #1's	s: nental walk thru on October 2, tely 12:30 PM, Clients#1, #3, ved to have door alarms on oors located inside their touse Manager (HM) revealed re placed on the doors to target behavior of running	W	125				
	she was not sure was placed on Clie noted that Clients: Interview with the Professional (QMF approximately 12,4 facility's Human Ri unaware of the doors of Client the HRC minutes approximately 3:0' statement. Contin revealed that the cape of the door revealed that the cape of the purpositive of the purpositive of the purpositive of the cape of the Client Review of	iview with the HM revealed that hy an additional door alarm int #3's door. It should be 1 and #4 are roommates. Qualified Mental Retardation (P) on October 2, 2008 at 0 PM revealed that the ghts Committee (HRC) was a ralarms that were placed on \$ #1, #3, and #4. Review of on October 1, 2008 at 1 PM confirmed the QMRP's led interview with the QMRP lients were not informed about alarms. The QMRP further lient's legal guardians and/or inbers had not been made se of the door alarms and/or the planning at the they did not evidence to independent decisions on garding habilitation planning, and, financial or medical			W125 MTS will insure that the door discussed by the Human Rightits next meeting and that the recommendations are docum addressed by the interdisciplit 30-08	ts Committee committee's ented and	In	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP C 927 55TH STREET, NE. WASHINGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 140	The facility must es	tablish and maintain a system and complete accounting of	W	140			
-	behalf of clients. This STANDARD	nds entrusted to the facility on is not met as evidenced by:	í				
	facility failed to pro system had been e complete accounting	vide evidence that assured a stablished that maintained a g of each clients' personal e three clients (Client #3)					
	reimbursed for the her money as evidence	ensure that Client #3 was eye glasses purchased with ence below:			W140		
	Professional (QMF approximately 10:3 was not capable of Further interview w facility was responsinances in collabo Disability Services			- ,	Client #3 came to MTS without meeded both eyeglasses and to envacation planned for her housem mentioned by the surveyor, DDS agree to fund the vacation and diagreement on the eyeglasses was different than was stated. MTS ag	njoy the ates. As did indeed d but the s slightly	
	\$279.00 was debited 1, 2008 to purchase Continued interview that the eye glasse #1's money. The Cagreement that the	I's financial records revealed of from the account on August be eye glasses. I'w with the QMRP confirmed is were purchased with Client MRP stated that there was an facility would purchase Client and DDS would pay for the			up front for client #3's glasses but understanding that client #3 wou when she was financially able. It s noted that client #3's glasses wen for by her Medicaid benefits beca high cost of her needed prescripti	t with the id pay back should be a not paid use of the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	-	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		09G098	B. WIN	G_		10/0	2/2008
MTS	ROVIDER OR SUPPLIER			92	EET ADDRESS, CITY, STATE, ZIP CODE 27 65TH STREET, NE VASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 140	Continued From pt	age 6	W 1	40	decisions so MTS will restore the dollars to client #3's account_10	≥ \$279.00 3-30_08	
W 159			W1	59	· · ·	<i>,</i> -30-22,	
,	integrated, coording qualified mental real This STANDARD Based on interview failed to ensure the program was integrated.	e treatment program must be ated and monitored by a tardation professional. is not met as evidenced by: and record review, the facility at each client's active treatment rated, coordinated and aualified Mental Retardation			W159 The issues cited under W159 ha addressed as evidenced by the iresponses for W125, W140, W15	neludod	
	The findings included	ed to ensure the facility to was encouraged to exercise					
,	system that ensure accounting of clien	ed to establish and maintain a ed a complete and accurate t funds. [See W140]			*		
	3. The QMRP faile of effectively imple protocol. [See W1	ed to ensure staff were capable menting the client's feeding 94]					
W 194	evacuation drills at personnel and duri W440 and W441]	ed to ensure staff held least quarterly for each shift of ing varied conditions. [See FF TRAINING PROGRAM	W 1	94			
	techniques necess	to demonstrate the skills and ary to implement the individual each client for whom they are					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		09G098	B. Wil	ie —		10/0	2/2008
NAME OF P	ROVIDER OR SUPPLIER			92	EET ADDRESS, CITY, STATE, ZIP COD 27 55TH STREET, NE /ASHINGTON, DC 20019	E .	
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W 194	Continued From p	age 7	W	194			
	Based on observa review, the facility capable of effective	is not met as evidenced by: tion, staff interview and record failed to ensure staff were tely implementing a client's or one of three clients included lient #1)			-		,
		es: o ensure direct care staff nt #1's Mealtime Protocol as	-				,
	was served chicked and dinner rolls for #1 was observed with no staff inter PM, Client #1 was	, 2008 at 5:55 PM, Client #1 en, scallop potatoes, side salad, r her dinner. At 6:00 PM, Client to eat and drink at a rapid pace rention to slow down. At 6:10 s given more vegetables and ived verbal prompts to slow her					
	Client #1 eats very aspiration. Further staff revealed that Client #1's Meattin Qualified Mental # (QMRP) on Octob 10:50 AM reveale training on Client of the inservice training, at approximation.	direct care staff revealed that y fast and was at risk for ar interview with the direct care is she had received training on the Protocol. Interview with the Retardation Professional are 2, 2008 at approximately direct that all staff had received that all staff had received withing records on October 2, that all training on "Feeding Protocols"		•			
			[

PRINTED: 10/14/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING B. WING 09G098 10/02/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAĞ DEFICIENCY W 194 Continued From page 8 W 194 W194 The QMRP will insure that staff is retrained on Review of Client #1's medical records on October the feeding protocol for client #1 by...10-30-1, 2008 at 3:04 PM revealed a Mealtime Protocol 08. dated March 2008. According to the protocol. staff were to implement the following In addition, the QMRP will observe at technique/instructions: minimum two meals weekly and the facility - monitor pacing of meal intake; provide verbal manager 3 meals weekly to insure that staff prompts to slow down, put utensils down and consistently implements the feeding protocol chew: as prescribed...10-30-08. - provide verbal cures to "use her napkin" - this should occur after every 3 bites of food (may help to decrease pace) - closely monitor for any signs/symptoms of aspiration. At the time of the survey, the facility failed to provide evidence that staff were effectively trained on how to implement Client #1's mealtime protocol. 483,440(c)(6)(iii) INDIVIDUAL PROGRAM PLAN W 242 W 242 The individual program plan must include, for

FORM CMS-2567(02-99) Previous Versions Obsolete

acquiring them.

those clients who lack them, training in personal skills essential for privacy and independence (including, but not limited to, toilet training, personal hyglene, dental hygiene, self-feeding, bathing, dressing, grooming, and communication of basic needs), until it has been demonstrated that the client is developmentally incapable of

This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that clients' individual program plans (IPP) included training in

Event ID: 1XE511

Facility ID; 09G098

If continuation sheet Page 9 of 15

	TE & MICHICAID SERVICES			CIVID INC.	00000
	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SI COMPLE	
	096098	B. WING	<u> </u>	10/0	2/2008
ROVIDER OR SUPPLIE	R		927 65TH STREET, NE	DE .	
(EACH DEFICIE	YCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION	SHOULD BE	(XS) COMPLET DATE
privacy, for one	of three clients included in the	W 242		f is retrain ed o	n N
The finding inclu	des:		,		9
			bathroom use with client #3 to	insure that sh	e
was observed wiseated on the towide open. Interview with the day at approximate #3 had to be ver door when she uninterview did not client was received the bathroom. Reptember 5, 20 PM failed to prove objective to assist privacy while using the survey, the face of the facility must constituted common framework of face on the persons who have contemporary proclient behavior.	ith her lower body exposed while liet. The bathroom door was a direct care staff on the same ately 5:25 PM revealed that Client bally almost daily to closed the ises the bathroom. Further reveal any evidence that the ing training in privacy while using the device of Client #1's IPP dated 108 on October 1, 2008 at 12:31 ride evidence of a training at the client with maintaining hering the bathroom. At the time of acility failed to ensure Client #1 training. COGRAM MONITORING & designate and use a specially mittee or committees consisting acility staff, parents, legal is (as appropriate), qualified we either experience or training in actices to change inappropriate and persons with no ownership or	W 26	the date of the observation as surveyor. A protocol will be de opposed to a formal program) client #3 in respecting her own staff will be trained on the important this protocol by, 20-30-08.	noted by the veloped (as supporting a privacy and	_
	SUMMARY: (EACH DEFICIENT REGULATORY & Continued From privacy, for one is sample. (Client: The finding inclued training to address bathroom. On September 3 was observed with seated on the towide open. Interview with the day at approximate the proximate of the privacy while using the survey, the fireceived privacy while using the survey, the fireceived privacy 483.440(f)(3) PROHANGE The facility must constituted common from the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior, as supported to the persons who have contemporary proclient behavior.	OP DEFICIENCIES F CORRECTION (X1) PROVIDER/SUPPLIER/CLIA OPGOPS ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 privacy, for one of three clients included in the sample. (Client #3) The finding includes: The facility failed to ensure Client #3 received training to address privacy when using the bathroom. On September 30, 2008 at 5:18 PM, Client #3 was observed with her lower body exposed while seated on the toilet. The bathroom door was wide open. Interview with the direct care staff on the same day at approximately 5:25 PM revealed that Client #3 had to be verbally almost daily to closed the door when she uses the bathroom. Further interview did not reveal any evidence that the client was receiving training in privacy while using the bathroom. Review of Client #1's IPP dated September 5, 2008 on October 1, 2008 at 12:31 PM failed to provide evidence of a training objective to assist the client with maintaining her privacy while using the bathroom. At the time of the survey, the facility failed to ensure Client #1 received privacy training. 483.440(f)(3) PROGRAM MONITORING &	OF DEFICIENCIES F CORRECTION (X1) PROVIDER SUPPLIER (X2) MULT A BUILDIN B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 privacy, for one of three clients included in the sample. (Client #3) The finding includes: The facility failed to ensure Client #3 received training to address privacy when using the bathroom. On September 30, 2008 at 5:18 PM, Client #3 was observed with her lower body exposed while seated on the toilet. The bathroom door was wide open. Interview with the direct care staff on the same day at approximately 5:25 PM revealed that Client #3 had to be verbally stmost daily to closed the door when she uses the bathroom. Further interview did not reveal any evidence that the client was receiving training in privacy while using the bathroom. At the time of the survey, the facility failed to ensure Client #1 received privacy training. 483.440(f)(3) PROGRAM MONITORING & W 261 The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or	(X1) PROVIDER SUPPLIER (X2) PROVIDER OR SUPPLIER ROVIDER OR SUPPLIER ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 9 privacy, for one of three clients included in the sample. (Client #3) The finding includes: The facility failed to ensure Client #3 received training to address privacy when using the bathroom. On September 30, 2008 at 5:18 PM, Client #3 was observed with her lower body exposed while seated on the tellet. The bathroom door was wide open. Interview with the direct care staff on the same day at approximately 5:25 PM revealed that Client #3 in respecting her own staff will be trained on the implication. Purther interview did not reveal any evidence that the client was receiving training in privacy while using the bathroom. Review of Client #1's IPP dated September 5, 2008 on October 1, 2008 at 12:31 PM failed to provide evidence of a training objective to assist the client with maintaining her privacy while using the bathroom. At the time of the survey, the facility staff, parents, legal guardians, clients (as appropriate), qualified persons with one ownership or contemporary practices to change inappropriate client bring on members of facility staff, parents, legal guardians, clients (as appropriate) no ownership or literatory or large from the provious particular or other particular or ot	OGGGGGGTTON OGGGGGTTON OGGGGGGTTON OGGGGGGTTON OGGGGGGTTON OGGGGGTTON OGGGGGGTTON OGGGGGGTTON OGGGGG

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
·		09G098	B. WING _		10/02	/2008
NAME OF P	ROVIDER OR SUPPLIÉR		9	REET ADDRESS, CITY, STATE, ZIP CODE 27 55TH STREET, NE VASHINGTON, DC 20019	- 	·
(X4) ID PREFIX TAG	(EACH DEFICIENC	YMUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
W 261	This STANDARD Based on interview Rights Committee failed to ensure the controlling interest participated on this The finding include Review of the Hun meeting minutes w 2008 at approxima HRC minutes date #1 and Client #2's	is not met as evidenced by: and review of the Human (HRC) minutes, the facility at persons with no ownership or in the facility consistently committee.	W 261	W261 MTS has community, outside report the HRC and will insure that immembers attend all planned methat their attendance/participatidocumented10-31-08.	ts outside etings a nd	
W 263	and approved. Further corresponding significates failed to ecommittee include controlling interest Mental Retardation October 1, 2008 a acknowledged the representative pre 483.440(f)(3)(ii) PICHANGE The committee share conducted onliconsent of the clies minor) or legal guarantees and consent guarantees.	rther review of the nature sheet attached to the vidence that the facility's HRC d persons with no ownership or Interview with the Qualified of Professional (QMRP) on tapproximately 4:00 PM lack of a community sent during the meeting. ROGRAM MONITORING & could insure that these programs y with the written informed and parents (if the client is a ardian.	W 263			
	Based on interview facility's specially-tilded Rights Committee	is not met as evidenced by: v and record review, the constituted committee (Human) failed to ensure that restrictive ed only with written informed	,			,

PRINTED: 10/14/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING B. WING 09G098 10/02/2008 NAME OF PROVIDER OR SUPPLIER STREET AODRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MTS WASHINGTON, DC 20019 PROVIDER'S PLAN OF CORRECTION (X2) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W 263 W263 W 263 Continued From page 11 consent, for one of three clients included in the The QMRP is pursuing a legal guardian for sample.(Client #2) client #2 as supported by the DDS support. coordinator. MTS will Insure that a legal The finding includes: guardian is obtained for client #2 and that this Interview with the Qualified Mental Retardation individual is subsequently involved in all major Professional (QMRP) on September 30, 2008 at decisions for client #2 that have rights approximately 8:47 AM revealed that Client #2 implications. MTS will also seek the support of Behavior Support Plan (BSP), that incorporated the Quality Trust in obtaining the needed legal restrictive measures (psychotropic medications) guardian. The QMRP will review progress on was being implemented without attaining written follow up in her monthly notes...10-30-08. informed consent from the client or a legally authorized representative. At the time of the survey, there was no evidence that the HRC ensured written informed consent had been obtained for the use of Client #2's BSP. (See W124] W 264 483.440(f)(3)(iii) PROGRAM MONITORING & W 264 CHANGE The committee should review, monitor and make suggestions to the facility about its practices and programs as they felate to drug usage, physical restraints, time-out rooms, application of painful

suggestions to the facility about its practices and programs as they relate to drug usage, physical restraints, time-out rooms, application of painful or noxious stimuli, control of inappropriate behavior, protection of client rights and funds, and any other areas that the committee believes need to be addressed.

This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility Human Rights Committee failed to reviewed, approved and/or monitor the use of door alarms for three of five clients residing in the facility. (Clients #1, #3, and #4).

The finding includes:

Event ID: 1XES11

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			92	EET ADDRESS, CITY, STATE, ZIP CODE 27 55TH STREET, NE (ASHINGTON, DC 20019		
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W 264	Interview with the (Professional (QMF) HRC meeting minuto provide evidence and discussed the the use of door ala 483.470(i)(1) EVACT The facility must he quarterly for each interview with the least quarterly for the finding include Interview with the September 30, 200 facility had five shift were we 10:00 PM, 10:00 PAM - 6 PM and 6 FReview of the fire to August 2008 reconducted for the shift. Additional rethat there were no September 2007 to	Qualified Mental Retardation (P) and review of the facility's stes on October 1, 2008 failed that the HRC met, monitored facility's practices regarding rms. [See W125] CUATION DRILLS (CIATION DRILLS) (CIATION D	W	264		irm issue on is held for eacher of 2008 and edule will be d fire drills for plans will be be completed in a fire exit is used by will be trained	d .
	interview the HM a were not conducte the time of the sun	ring the week, Further cknowledged that fire drills d quarterly on each shift. At yey, the facility falled to provide ils conducted quarterly as					

PRINTED: 10/14/2008 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (XS) DATE SURVEY (XZ) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B, WING 09G098 10/02/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 927 55TH STREET, NE MTS WASHINGTON, DC 20019 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) W441 W 441 483.470(i)(1) EVACUATION DRILLS W 441 See responses for W440 above. The facility must hold evacuation drills under varied conditions. This STANDARD is not met as evidenced by: Based on the interview and review of the fire drill records, the facility failed to conduct fire drills under varied conditions. The findings includes: Review of the facility's fire drill records on September 30, 2008 at 2:51 revealed that most of the fire drills were conducted via the front and back door exits. Interview with the House Manager (HM) on the same day at approximately 3:00 PM revealed that the facility had at least five method of egress. Further review of the fire drill record revealed that the two exits in Client #1 and #3's bedroom and the basement exit had not been used at least quarterly on each shift. There was no evidence that evacuation drills were held under varied conditions. W 455 483.470(I)(1) INFECTION CONTROL W 455 There must be an active program for the prevention, control and investigation of infection and communicable diseases.

(Clients #1)

This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure the

implementation of infection control procedures to prevent communicable infectious diseases for one of three clients included in the sample.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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W 455	The finding include On September 30, was observed to at from both hand ins of her shoes, and pinside her mouth direct care staff modificated in the courage the bethroom to we the direct care staff approximately 6:55 received training or the staff in service 2008 at approximated the staff had received there was no evident.	~	W 455	DEFICIENCY)	ion control washing10- r Will observe a weekly basis y, Facility eekly) to insure practices are a that active	
	:		•			

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Health R	egulation Adminis	ration			<u> </u>	<u> </u>		
	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(XZ) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE S COMPLE	
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R 000	INITIAL COMME	NTS		R 000		,		
R 125	September 30, 2 utilizing the fund random sample from a residentic mental retardatic survey findings of the group home interviews, and a unusual incident 4701.5 BACKGF The criminal back criminal history of contract worker in all jurisdiction employee or contract worker	kground check shall di if the prospective empl for the previous seven swithin which the pros itract worker has worke e seven (7) years prior tot met as evidenced be erview and review of re e ensure criminal back revious seven (7) years re staff had worked or (7) years prior to the c	2, 2008, s. A sected vales with es. The stions in arms, luding lirement (7) years, pective ed or to the ground s, in all resided seck.	R 125				
		ne of the survey						
Hoskh Regi	letion Administration	adu R-Eduar	el emce	101 GN	ette More TITE	ED'	Official and	ÁGN DATE
AROBA,	Y DIRECTOR'S OR PR	OVIDER/SUPPLIER REPRESE	NTATIVE'S 810	NATURE	me More	* Director A	TICSIGENTA	1 SIMURS

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